STATE DEPARTMENT OF HEALTH

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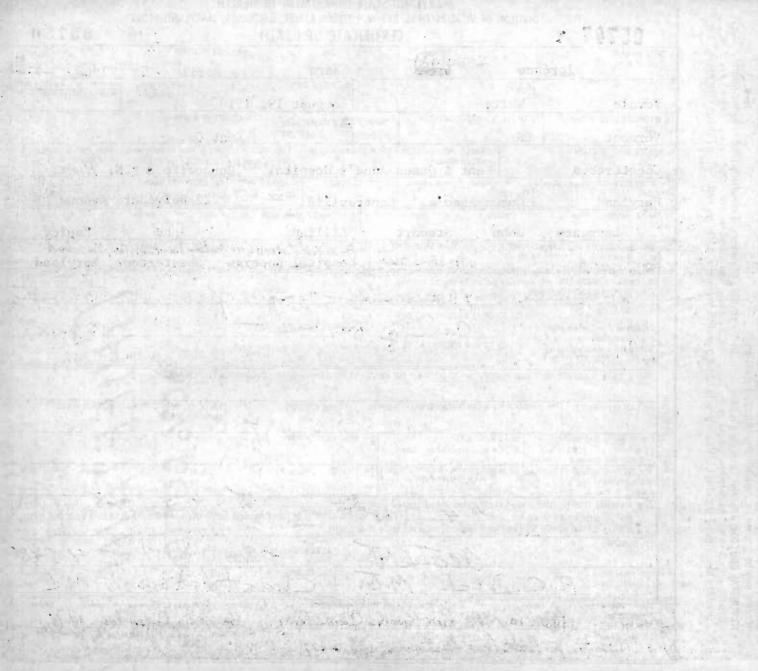
	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	749
HEALTH DEPT	1 DECEMPANIAN CO.	or 2b. HOUR
	(Type or Print)	192:40 A
loy is Page	1 3. SEX 14. RACE 1 5 DATE OF RIRTH 10. AGE (In years IF UNDER I TEAK IF UNDER 24 HKS. 120 DATE PRONOUNCED DEAD	2d. HOUR
no n	Inst high Square Day's House Min	68 2:404
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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Pognith ith Sta	during most of working life even if retired \ INDUSTRY	F BUSINESS OR
ive ive	Chestertown, Md. Kent & Queen Annes baby sitter	
24 hours ofter death in Item 18. Give Poges 1, r's Office along with farm ss lond2 with the State De rs after death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY QU. Annes Sudlersville YES NO	
I hours Item 18 Office Iond2 v	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
	Charles Hurd Mary Anita WATTS	
	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS The seconds Chestertown Mo	
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be executed "pending" in nief Medical E nnsit permit. F event within	IMMEDIATE CAUSE (a) Internal Chest Injuries 9 hrs	s 40 min
pen ef N sit p	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Steering wheel injuries sustained in a one car auto ac	oni dent
ould by vord he Chi	rise to immediate cause (a), (b) Steer Ting Wifeer Ting UTTLES SUSTAILINED TIN A Office Call addoctor at the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	CIGCIL
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his ote, of for the formula fo	Autopsy not done when certificate YES	NO 🗌
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XAA the the the the the the the the the the	White Not white highway near Crumpton Md. Kent	
VL E Xecu Xecu Par for OR: For riol,		in my apinian
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o DEPUTY CICAL EXAM necessory, please execute the funeral director. Page 45 may be retained for your D FUNERAL DIRECTOR: Page Health prior to buriol, crem	EXAMINER'S NAME (Type) Robert W. Farr, M.D. Chestertown, Md DDRESS(Street, city, town, or county) 4/21/68	
ro beputy necessory, the funero 5 moy be 70 FUNERA Heolth pr	23a BURIAL CREMATION 23b DATE 23c NAME OF CRMETERY OR CREMATORY 23d LOCATION (City of Town) (County)	(State)
-BB	Burial 4/23/68 Chester Cem. Chestertown, Md.	(Sidio)
10.015.45	24. FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	Unama
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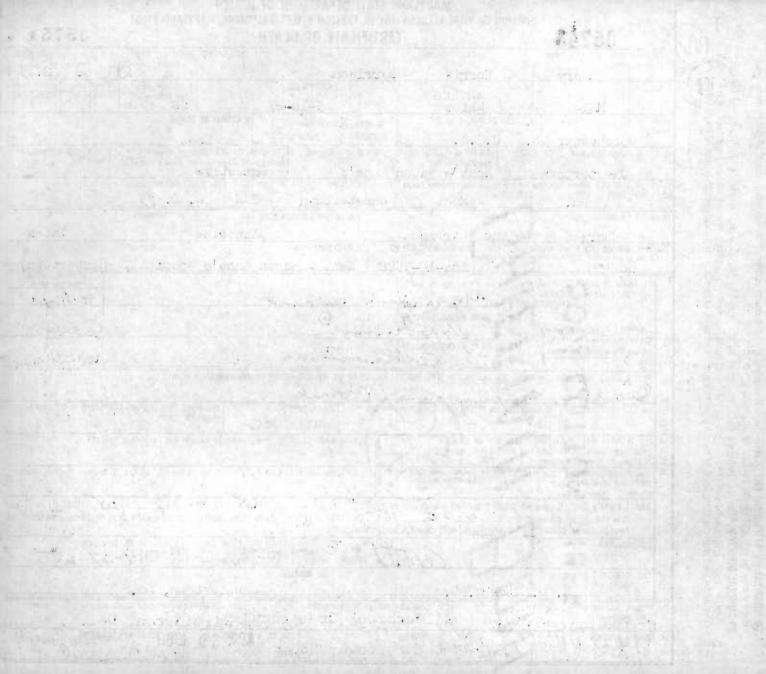
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05750 Last 2a. DATE OF DEATH DECEASED-NAME First STEWAR 2b. HOUR death. fugerol (Type or print) Month Florence Hard 1968 April ve corbon popers. Pages 1 event, within 72 hours after IF UNDER 1 YEAR IF UNDER 24 HRS. requires that the death certificate be executed within 24 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years MONTHS T DAYS HOURS last birthday) the Female August 19, 1918 White 49 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED .⊑ WIDOWED | DIVORCED | Vermont US Kent Co. and completely filled remove corbon pope 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during the street oddress)

Kent & Queen Anne's Hospital 12a. USUAL OCCUPATION (Kind of work done IN CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY HOME during mast of warking life, even if retired.)
tal Housewife & R.N. Chestertown 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Oueen YES KOK NO 222 Belvedere Avenue Anne's Maryland Centreville burial, cremation, or removal, and in any 14. FATHER'S NAME Middle First Middle Last 15. MOTHER'S MAIDEN NAME First Lost attending physicion and permit. Then pleose rem Lawrence John Stewart Lillian Ann€ Bouley 17. INFORMANI THERATON F. HARd - Husband - Centalessille, Maryland Hospital Records Chestertown, Marylan 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) No 171-38-5362 Chestertown, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the Canditians, if any, which gave) burial-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or oftending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to OR ATTENDING PHYSICIAN: The law 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO THE YES 📑 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 4-5 _1968, and that in (my) (aur) opinion deoth occurred on the date and hour and from the saw the deceased alive an_ 4-4 causes stoted obove, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) PINE KNOWS CEMETERY HANOVER GRAFITON 250. REC'D BY REGISTRAR 1968 Sb. REDISTRARS SUCRELIES FUNERAL DIRECTOR 30M REV. 1/68

MAKTLAND STATE DEPAKIMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35751 CERTIFICATE OF DEATH DECEASED-NAME Middle last 20. DATE OF DEATH 2b. HOUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) the attending physician and campletely filled in by the funeral nsit permit. Then please remove carban papers. Pages Handination, ar removal, and in any event, within 72 hours offerced Henry Norris Harrison IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years white last birthday) DAYS MONTHS HOURS 5-18-87 Whiet Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED WIDOWED DIVORCED U.S.A. Dorchester Kent 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during mast af warking life, even if retired.) **INDUSTRY** Anne's Kent & wueen Chestertown 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LAMITS? 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY NO X YES R. D. #3 Chestertown Kent 14. FATHER'S NAME Middle Middle Last 1S. MOTHER'S MAIDEN NAME First Yates Catherine Charles Harrison Leland 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates af service) Yes, na, ar unknawn) cremation, ar removal, Kent & wueen Anne's Hospital. Chestertown 164-10-3028 no 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEAT DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta l director, page 3 should be detached far use as the d far use as the of Health priar ta 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO Z 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. directar, page 3 should be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased from 4-23 saw the deceased alive an 4-26 1968, and that in (mv) (. 1968, ta ___1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dick M. Chestertown. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL CREMATION, (Caunty) 4/30/68 Cremation Silverbrook Crematory Wilmington, Del. 24. FUNERAL DIRECTOR 2Sa. REC'D EYDEGISTOAR VR A15 (4) 30M REV. 1/68 Chestertown, Md .DATE



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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
TATE		05754 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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ber i.		Type or Print) OF ESTI-
o tu	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOU
-		204 A B D 1101 K 7 lost birthday) MONTHS DAYS HOURS MIN MONTH & DOY /7 Year / 15/15
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67	10. (11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital large most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. KIND OF BUSINESS OR INDUSTRY
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		dmission) STATE And. 13b. COUNTY KE UT GAIR NA YES NO R
s ofter	14. f	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of service) 432-18-7619 STARKEY FARM GALENA, Md.
		IB. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (s).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Aul - deval homatoma Several da
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in ony ever	176	Confiditions, if any, which gave his to immediate cause (a), (b) Cause mounts.
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ś	100	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
removar, ond	NOI	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
-1	FICA	WAS PERFORMED? YES NO
	CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote
		WHILE NOT WHILE OF TOCTORY, Office building, etc.)
		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
		death resulted fram: Natural causes , Accident , Suicide , Hamicide Undetermined monner
	1	CHIEF MEDICAL EXAMINER
	1	SIGNATURE KULEUTU, TEUN M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED
0		DEPUTY MEDICAL EXAMINER 4/1/3/(0X
1		NAME (Type) ROBERT W. FARR ADDRESS(Street, city, town, or county)
^	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
R		BURIOL 7/16/1968 JANES CEMETER CHESTERTOWN KENT MA.
MI	24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	1	Semeth Walle @ nestartown md DAPR 17 1968 Ocharles Cusar

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MARYLAND STATE DEPARTMENT OF HEALTH 05752 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35755 CERTIFICATE OF DEATH Pages 1 and 2 DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR death requires that the death certificate be executed within 24 hours after death. (Type or print) tronsit permit. Then please remove corbon papers. Pages 1 cremation, or removal, and in ony event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS W W. 29 YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED = WIDOWED I DIVORCED I the ottending physician ond completely filled sit permit. Then please remove corbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) **INDUSTRY** 2 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 13c/EITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES NO 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANJA Address 303 Yes, no, or upknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Arteriosci BETWEEN ONSET AND GEATH Arteriosclerotic cardiovascular disease 10 years IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been be detoched for use os the Stote Dept. of Health prior to OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote Caunty While Not while at work 22a. I certify that (i) (this haspital) of tended the deceased fram—saw the deceased alive an—19 March 100 , and that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stated abaye, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF /11/68 DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS Robert W. Farr. M. D. Chestertown, Md. NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City on Town) (County) (State) REMOZVAL (Specify) 0 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE 30M REV. 1/68 arm

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 16a Film GLOCERTIFICATE OF DEATH 05756 Middle Lost 2b. HOUR DECEASED-NAME First 2o. DATE OF DEATH within 24 hours after death (Type ar print) 11 MILLER LOUIS April 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX last birthday) DAYS HOURS white male Mar. 9, 1892 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Maryland and completely filled in **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon papers. Abould be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72 h USA Kent WIDOWED DIVORCED [12a. USUAL OCCUPATION (Kind of work dane ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) ome INDUSTRY near Kennedyville owner 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed NOKK Kennedyvill Rura. 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME First Charles Miller Mary E. Myex Meier 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) Emma L. Miller - Kennedyville, Md. 220 34 7523 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Cardiac arrest short IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Several years Canditions, if ony, which gove) Coronary arteriosclerosis rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Poge 4 may be retained by the hospital or ottending physicion. Generalized A S C V D PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NOX 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 8/9/64, 19 saw the deceased alive on 25/68 19, and that in (my) (our) on 104/25/68 , and that in (my) (our) opinion death occurred an the date and hour and from the director, page 3 should should be filed with the couses stated obove, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE STAFF 4/25/68 DEGREE DIRECTOR L 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Robert W. Farr Chestertown, Md. 21620 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION Chester Cem. Chestertown, Md. 4/29/68 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FÜNERAL DIRECTOR Chestertown, Md VR A15 (4) 1968 30 30M REV, 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3575 Middle DECEASED-NAME Last 2o. DATE OF DEATH Month & (Type or print) burial, cremotion, or removal, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. OAYS HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH hou 7a. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED country) the ottending physicion and completely filled in sit permit. Then please remove carbon papers: please remove carbon papers DIVORCED [WIDOWED [requires that the deoth certificate be executed within 24 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle Lost 9 AURA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the Canditians, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retoined by the hospital or ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ficote hos been s for use as the b f Health prior to b 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO I this certificote 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor director, page 3 should be detached 1 should be filed with the Stote Dept. of (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Nat while ot wark at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) ottended the deceased from 4-17 1965, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive on 4-17 couses stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL CREMATION 23b. DAJE CEMETERY OR CREMATORY LOCATION (City or Town (County) (Stote) REMOVAL (Specify) 20-68 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68*

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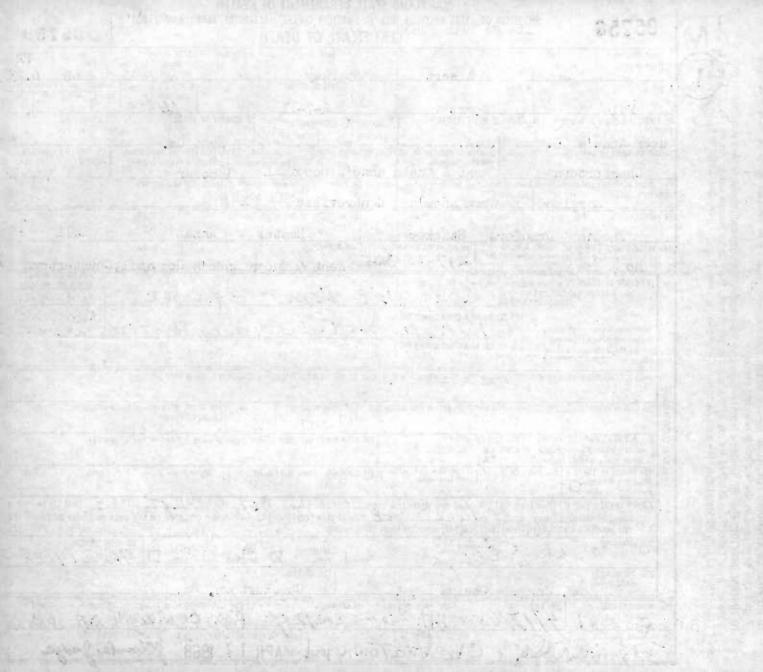
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 20. DATE KNOWN HEALTH OFFT 1. DECEASED-NAME Middle Yeor Short 4/20/68 19 (Type or Print) ESTI-Harry 5 M. DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD 2d. HOUR S. DATE OF BIRTH Male white 5P. M 1968 19 11 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH word "pending" in pencil in Item 18. Give Poges 1, the Chief Medical Exominer's Office along with form Give Poges 1, USA Md. WIDOWED [DIVORCED [Kent Co. Md. poges 1 and 2 with the State 12o. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

None Student **INDUSTRY** give street oddress) near Crumpton 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER deoth. odmission) STATE 13b. COUNTY Queen Ann's Sudlersville NO -24 hours in Item 1 ofter 14. FATHER'S NAME Short Jr. Harry McKinley Erie Cole hours pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) None Harry M. ShortJr. Sudlersville. Md. 21668 no within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Asphyxia short DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if any, which gove Crushing & hemorrahage of Larynx rise to immediate couse (o), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Automobile accident .= should be farwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removol, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. NO XXX YES [pe 21b. TIME OF INJURY Month, Doy, Yeor 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 3 should PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremotion, Auto accident 5 P.M. 4/20/68 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.)

Highway near Crumptom, Md. 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted fram: Natural causes Accident , Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE Chestertown 4/20/68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Robert W. Farr Kent Co. Md ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, REMOVAL (Specify) 50 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) Sudlersville Cemetery 4/25/68 Sudlersville, O.A.Co: Md. 25b. REGISTRAP'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR Edward Fellows & Son, Millington, Md. 21651 VR A15ME (5) 10M REV, 1/68

man is the property of the company o The State of Change (Birth a York Speep) Barry McLinley Thore Ir. Lette Lette Lose - Barry M. Shortin, Sudiarry 110, 96, Minds Burlo3 (J. 5)25/68 Statementing Company chair revilite, C.A.Co; 141. Edward fullowed Son, Millington, Md. 21551 9 . 1000 Collection Collection

MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05759 2a. DATE OF DEATH DECEASED-NAME First Middle Last requires that the death certificate be executed within 24 haurs after death (Type or print) Month Doy Yeor augurau uy ine attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages Land burial, cremation, or removal, and in any event, within 72 haurs precided Starkev James Albert 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) 1F UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 56/57 YRS. 1.-7-11 Male Negro 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [treen Anne's CO. 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
Kent & Queen Anne's Hospital laborer give street oddress) **INDUSTRY** Chestertown 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO F Queen Anne's Centrevil IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Hall Hester Bradford Starkey Anna Thomas 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address 217-28-3555 Yes, no, or unknown) (If yes give war or dates of service) Kent & Queen Anne's Hospital Chestertown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cordio-Usscular did 8ASE Canditians, if any, which gave rise ta immediate cause (a), tENSIUS DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **IO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO F YES 🗔 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceosed fram ARIC, 1967, ta HRIL 12, 1968, that (I) (we) lost saw the deceosed alive on ARIC 12, 1968, and that in (my) (aur) opinian death accurred on the date and haur and from the couses stoted obove ((1), (we) (did) (did not) view the bady after deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Chestertown. Oteiza C.M 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) ED CENTREU, YE LION CEMETERY FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE SOM REV 168 hesteatown ma DATAPR 17



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 35760 20. DATE OF DEATH Middle 2b. HOUR DECEASED-NAME LATCHER (Type ar print) ULSON 6. AGE (In years lost birthdoy) A RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX requires that the death certificate be executed within 24 haurs after MONTHS DAYS HOURS ouriai-iransir permit. Then please remave carban papers. Pagel burial, crematian, ar removal, and in any event, within 72 haurs at 8/11/99 attending physician and completely filled in by the permit. Then please remave carban papers. Page Male Negro 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Maryland US WIDOWEDXX DIVORCED [Kent Co. 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress)
Kent & Queen Anne's Hospi Chestertown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY None ' YES 🗀 NO Millington Maryland Kent Middle 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Dennis Toulson Jane Susan 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

(If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (es no, or unknown) 187-07-8930 Hospital Records Chestertown, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for, (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attendii burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Dease directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 🗌 Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 22a. 1 certify that (1) (this haspital) attended the deceased fram 4 (5 6) , ta (1) (we) last saw the deceased alive an 4 (6) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Dr. Jorge Oteiza NAME (Type) Chestertown, Maryland 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35761 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. 1 DECEASED-NAME First Middle 2g. DATE KNOWN Month (Type or Print) Vinton ESTI-Emma Apr DEATH MATED delay 6. AGE (In years IF LINDER 1 YEAR 4. RACE S. DATE OF BIRTH IF HINOER 24 HRS DATE PRONOUNCED DEAD 2d. HOUR Female White Dec. 15, 174 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH the State De Maryland U.S.A. WIDOWED TX DIVORCED [Kent 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Betterton give street address) during most of wasking life, even if retired.) INDUSTRY Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY Kent admissian) STATE Md. Betterton YES NO land 2 pencil in Item 1 First 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Thomas Coaklev Mary Elizabeth Stone 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, nonprynknawn) (If yes give war or dates of service) 214-18-1794 Miss Iona Stone Betterton within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ ADVANCED AGE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), writing the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that Indox charge of the remains described above, held an Autopsy ... Inspection V Inquiry ond in my opinion Natural causes V Accident . deoth resulted from Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** S. Gulbrandsen ADDRESS(Street, city, tawn, ar county) NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 5-1-68 Louden Park Cemty Baltimore Balto. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Victor N. Kennedy Still Pond. Md. DATE

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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05762
HEALTH\DEPT.	1 DECEASED NAME First Middle Lost 2- DATE MIDWATT Month D	oy Year 2b. HOUR
S & a la	(Type or Print) JULIUS ZAUNFUCHS, SR. OF ESTI- DEATH MATER 4/28/0	
5m2 #	3 SEX A PACE S DATE OF RIDTH 6 AGE ftp warrs IF UNDER 1 YEAR IF UNDER 24 HRS. 32 DATE DEADLINGED DEAD	2d. HOUR
8 6 9 B	Male White 11/20/1885 lost birthday) MONTHS DAYS HOURS MIN. Month 4 Doy28	Yeor 168 10:50
2 101	70. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	109 40.70
	country) Austria USA WIDOWED DIVORCED Kent	м
State	10 CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL OF INSTITUTION (If not in hospital 120 LISTAL OCCUPATION (Vied of work done 12)	2b. KIND OF BUSINESS OR
haurs after death. Item 18. Give Pages Office alang with fan I and 2 with the State after death.	Chestertown give street address) & Queen Annes during most of working life, even if retired.) IN	DUSTRY
after 8. Give alang alang with the eath.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befage 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	raining
wind all	odmission) STATE Maryland COUNTY Q. Anne Marydel YES NO RFD farm	
haurs a Item 18. Office al Iand 2 w after dec	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
		4031
hin 24 ncil in niner's pages 1 haurs o	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(Yes, no. or unknown) (If was give wor or dates of service)	3
n pe Exar Exar File		APPROXIMATE INTERVAL
shauld be executed e ward "pending" in a the Chief Medical E. ourial-transit permit. F in any event within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: From orders are a fine of the course	BETWEEN ONSET AND DEATH
ding ding ledi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of left hip (Fell out of bed)	2 days
d be executed d "pending". Chief Medical transit permit.	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	
d b d d b chie	rise to immediate cause (a), (b), (b), (c), (c), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	
shauld be te ward "pe a the Chief burial-transit in any even	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she whe was to the tarth tarth buring a line of the tarth ta	- 70 + 0 (c)	
s certificate shauld e, writing the ward farwarded ta the Cl used as a burial-tr emaval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Long standing arteriosclerotic cardiovascular disease	
is certification is certification in the second in the second is remayal,	196. DATE OF OPERATION 4/26/68 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? pinning of fractured left hip 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Dov. Year 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item	20. AUTOPSY?
This cate, be fa	4/26/68 WAS PERFORMED? pinning of fractured left hip	YES NO.
#E 7 P 0		18.)
INER: 1 e certifice shauld k files. 3 shauld a shauld	PRIMARY OR CONTRIBUTING A HOUR AM, 26/68 19 See above 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street. 21f. LOCATION Street or R.F.D. No. City or Town	
		County Stote
cessary, please execute the cert e funeral directar. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 shault priar to burial, cremation.	WHILE NOT WHILE TOCTORY, office building, etc.) AT WORK AT WORK AT WORK NOT	Md.
e executar. Paged far paged far pariat, buriat,	22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection, Inquiry ,	and in my apinian
ICA e e e e e e e e e e e e e e e e e e e	death resulted fram: Natural causes 🖾 , Accident 🖾 , Suicide 🗍 , Hamicide 📗 Undetermined manner	
please e l'directar retained DIRECT	CHIEF MEDICAL EXAMINER	
y, pleaseral directions retain	SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	NED
DEPUTY cessary, e funera may be FUNERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER 3 4/28/6	8
o DEPUTY necessary, please e the funeral directar S may be retained D FUNERAL DIRECT Health priar ta bu	NAME (Type) Robert W. Farr ADDRESS(Street, city, town, or county) Chesterto	wn, Md.
TO DEPUT necessar the fune 5 may b TO FUNER	COTMOVAL (Consider)	aunty) (State)
	Level 4-30-68 Level Cariolo Jamplarillo	md.
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
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